

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)		(MIDDLE) 6:23	
Costa	Christopher	Paul	CONTRACTOR	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
Natural Resources Agency		·		
Division, Board, Department, District, if applicable		Your Position		
DOGGR, Dept. of Conservation	n, Northern District	Engineering Geologist		
► If filing for multiple positions, list belo	w or on an attachment. (Do not use acro	nyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check	at least one box)			
State State		☐ Judge or Court Commissioner (Statewide Jurisdiction)	
Multi-County		County of		
		Other		
City of		Other		
3. Type of Statement (Check at le	ast one box)			
Annual: The period covered is Jar December 31, 2018.		Leaving Office: Date Left (Check or	ne circle.)	
The period covered is December 31, 2018.	, through	 The period covered is Janual leaving office. 	ary 1, 2018, through the date of	
Assuming Office: Date assumed		The period covered is the date of leaving office.	/, through	
Candidate: Date of Election	and office sought, if diffe	erent than Part 1:	F-144 - 1	
4. Schedule Summary (must c Schedules attached	omplete) ► Total number of p	ages including this cover p	age:1	
Schedule A-1 - Investments – s	chedule attached Sch	edule C - Income, Loans, & Busine	ss Positions – schedule attached	
☐ Schedule A-2 - Investments — schedule attached ☐ Schedule D - Income — Gifts — schedule attached				
Schedule B - Real Property - s	chedule attached Sch	edule E - Income – Gifts – Travel I	Payments – schedule attached	
·				
-or- ⊠ None - No reportable int	erests on any schedule	er en samme de la companya de la co	Committee of the second of the	
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pub	CITY lic Document)	STATE	ZIP CODE	
801 K Street, MS 20-22	Sacramento	CA	95814	
DAYTIME TELEPHONE NUMBER		ADDRESS		
(916) 322-1110		DOGDIST6@conservation.ca.gov		
	reparing this statement. I have reviewed the true and complete. I acknowledge this is		knowledge the information contained	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Date Signed 4/1/19	Signatu		al late	
(month, day, yea	r)	(File the originally signed paper s	tatement with your filing official.)	